

TRANSPORTATION RESTRAINT ORDER

Date:

Time into transportation restraints:

Type of restraint::

____ Belted to Gurney

____ 4-point to Gurney

____ 2-point Walking

____ Other: _____

Justification:

____ Aggressive towards others ____ At risk for self injury due to disorientation

____ Deliberately attempts to injure self ____ At risk for self injury by elopement

____ Other: _____

Brief description of behaviors that put patient at risk:

Transportation staff are responsible for the patient's safety during transport:

- Patients should be observed continuously.
- Restrained extremities should be evaluated every fifteen (15) minutes for pulse quality, capillary refill, and color.

The patient shall remain in restraints for the duration of the transport unless:

- The restraint is discontinued by order of a physician or licensed clinical psychologist
- Transportation personnel determine the restraint poses a threat to the patient's physical well-being or safety in emergencies such as fires, traffic accidents, etc.

Restraint ordered by: _____

Signature

Physician

Licensed Clinical Psychologist

Printed Name

Restraint applied by: _____

Signature

Ambulance personnel

DMH personnel

Printed Name